

**TENNESSEE TITLE VI COMPLIANCE COMMISSION
A TITLE VI COMPLAINT FORM**

COMPLAINT'S NAME

BUSINESS PHONE
()

HOME PHONE
()

STREET ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

ARE YOU FILING THIS COMPLAINT FOR SOMEONE ELSE?

YES

☐

NO

☐

IF YES, AGAINST WHOM DO YOU BELIEVE THE DISCRIMINATION WAS DIRECTED?

FIRST NAME

LAST NAME

WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON YOU BELIEVE THE DISCRIMINATION TOOK PLACE? WAS IT BECAUSE OF YOUR:

A. RACE/COLOR (SPECIFY)

B. NATIONAL ORIGIN (SPECIFY)

WHO DO YOU THINK DISCRIMINATED AGAINST YOU (OR SOMEONE ELSE)?

PERSON/AGENCY/ORGANIZATION

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE

()

WHEN DO YOU BELIEVE THAT THE DISCRIMINATION TOOK PLACE?

LIST DATE(S)

DESCRIBE BRIEFLY WHAT HAPPENED. HOW AND WHY DO YOU BELIEVE YOU (OR SOMEONE ELSE) WERE DISCRIMINATED AGAINST? PLEASE BE AS SPECIFIC AS POSSIBLE. (ATTACH ADDITIONAL PAGES AS NEEDED)

HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER FEDERAL, STATE, OR LOCAL AGENCY: OR WITH ANY FEDERAL OR STATE COURT? YES ☐ NO ☐

IF YES, CHECK ALL THAT APPLY:

FEDERAL AGENCY _____

FEDERAL COURT _____

STATE AGENCY _____

STATE COURT _____

LOCAL AGENCY _____

HAVE YOU HIRED AN ATTORNEY? YES ☐ NO ☐

PLEASE PROVIDE INFORMATION ABOUT A CONTACT PERSON AT THE AGENCY/COURT WHERE THE COMPLAINT WAS FILED.

NAME _____

ADDRESS _____ PHONE _____

()

CITY _____ STATE _____ ZIP CODE _____

DO YOU INTEND TO FILE THIS COMPLAINT WITH ANOTHER AGENCY? YES ☐ NO ☐

IF YES, WHEN AND WHERE DO YOU PLAN TO FILE THE COMPLAINT?

AGENCY _____ DATE _____

ADDRESS _____ PHONE _____

()

CITY _____ STATE _____ ZIP CODE _____

HAS THIS COMPLAINT BEEN FILED WITH THIS AGENCY BEFORE? YES ☐ NO ☐

IF YES, WHEN? DATE _____

HAVE YOU FILED ANY OTHER COMPLAINTS WITH THIS AGENCY? YES ☐ NO ☐

IF YES, WHEN AND AGAINST WHOM DID YOU FILE?

NAME _____ DATE _____

ADDRESS _____ PHONE _____

()

CITY _____ STATE _____ ZIP CODE _____

GIVE A BRIEF DESCRIPTION OF THE OTHER COMPLAINT. (ATTACH ADDITIONAL PAGES IF NEEDED)

WHAT IS THE STATUS OF THE OTHER COMPLAINT?

PLEASE SIGN AND DATE THIS COMPLAINT.

SIGNATURE

DATE